

desire for food there must be an interdigestive period of at least one hour. Retention is sometimes due to pylorospasm caused by an anomaly or lesion lower down in the intestinal tract. Some of these include ptosis, angulation, dilatation and sacculation. The fourth group, although comparatively small, include the hardest type to effect relief. These were the underweight, overactive, anemic, physically retarded, precocious children.

Acute Rheumatic Fever and Its Variants in Childhood and Adolescence.—RIESMAN (*Jour. Am. Med. Assn.*, May 21, 1921) points out that in childhood this disease presents certain important peculiarities. Although it occurs in children of all ages, even having occurred intra-uterine, it is most frequent between the ages of five and fifteen years, and is especially common about the age of puberty. Girls seem to be affected a little more frequently than boys, while in the adults the males are more frequently affected. The joint involvement is often slight and may be overlooked. He reminds us that growing pains, so called, are frequently rheumatic signals. The involvement of the heart is very common in children. Its occurrence and severity bear no relationship to the severity of the joint involvement, as slight joint involvement may be followed by severe damage to the heart. Follicular tonsillitis frequently precedes the attack and is commonly found in the previous history of the patient. Chorea often follows attacks. In children there is more frequently skin manifestations than in adults. Cerebral rheumatism characterized by delirium and hyperpyrexia is rarely seen in children, but it is a complication of the disease in the adult.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Treatment of Sterility by the Use of the Intra-uterine Stem Pessary.—RAWLS (*Am. Jour. Obst.*, February, 1921, p. 499) publishes the result obtained by the study of 205 cases with final results in 117 cases. In 47 cases, or 22.9 per cent, sterility was the condition for which relief was sought; in 23, or 11.2 per cent, dysmenorrhea and sterility were the reason for the treatment. In some of the cases before the pessary was introduced dilatation and curetting were done. When the scraping were examined microscopically they were normal in 68.8 per cent. The hard-rubber stem pessary was used in 54.8 per cent of the cases, the glass stem in 43 per cent, the straight in 40, the curved in 40 and the Wylie drain in 4 or 2.2 per cent. In 124 cases the pessary was worn in 16 less than a month; in 36 from one to two months; in 24 from two to three months; in 15 from three to four months; in 3 four to five; in 1 five months and in 29, or 23.4 per cent, the pessaries were cut out

partially or entirely. When hard-rubber pessaries were used sutures of silkworm gut were employed to keep them in place; when glass pessaries were selected suspension sutures were secured by shot or washers or bone buttons. While many of the symptoms and conditions present are of interest the obstetrician has to do only with the question of the use of this pessary as an aid in remedying sterility. It was found that the method of treatment has a limited field of usefulness and in about half of the patients presenting themselves with pelvic conditions this pessary could be used. As an operative measure it is applicable to 2.3 per cent of patients treated and 1.3 per cent of operations performed in hospital. The treatment is not without its complications and disadvantages, for while a temporary rise of temperature is not unusual there is a transient morbidity of 17.6 to 21.8 per cent and a permanent morbidity of from 5.8 to 9.8 per cent. For sterility it is stated that relief followed its use in 23.4 per cent. Comparing it with other forms of operative interference it is said to give as good results as other operations, with less primary invalidism and no more liability to permanent bad results. This treatment should never be used except in carefully selected and studied cases, when its results should be correspondingly good.

Indirect Expulsion of the Placenta.—BAER (*Jour. Am. Med. Assn.*, February 26, 1921) expresses the placenta by taking the abdominal wall in the two hands, drawing it together and compressing the uterus in longitudinal direction. This is done just above the uterus in such a way as to force the uterus down toward the pelvic brim; the patient is urged to bear down during this time. By this manipulation the recti muscles are pulled together and held firmly. Four hundred cases were so treated by nineteen operators. In the majority of cases this method was successful within thirty minutes after delivery of the child; in eleven cases forty-five minutes elapsed and in one case three trials were made and the placenta expressed in sixty minutes after the birth of the child. The method is stated to be 90 per cent efficient in the hands of different operators.

GYNECOLOGY

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,

AND

FRANK B. BLOCK, M.D.,

INSTRUCTOR IN GYNECOLOGY, MEDICAL SCHOOL, UNIVERSITY
OF PENNSYLVANIA, PHILADELPHIA.

Drainage in Pelvic Surgery.—The question of when to drain in the performance of pelvic operations is a never-ending question and from the extreme of universal drainage of some years ago, the pendulum has